



CITY OF VINCENT

City of Vincent Library Home Delivery Service Membership Application

Details: Title (please circle): Mr / Mrs / Ms Surname: _____

Given Name/s: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

Alternative Contact – Name: _____ Relationship: _____

Address: _____

Phone Number: _____ Mobile Number: _____

I apply for membership to the City of Vincent Library Home Delivery Service. I agree to give proper care to all library materials loaned to me, and to pay for any loss or damage to library materials.

Signature: _____ Date: _____

Reading Preferences Survey:

| Format | Qty |
|---------------|-----|
| Regular Print | |
| Large Print | |
| Book on CD | |
| Music CD | |
| DVD | |
| Magazine | |

| Non-Fiction | Qty |
|------------------------|-----|
| Health & Wellbeing | |
| Travel | |
| History | |
| Biographies | |
| Cooking | |
| Home & Garden | |
| Other (please specify) | |

| Fiction Genres (Please tick, can be more than 1) | Favourite Authors |
|--|-------------------|
| Aboriginal | |
| Adventure | |
| Australiana | |
| Family Sagas | |
| Fantasy/ Science Fiction | |
| History | |
| Humour | |
| Romance | |
| Short Stories | |
| War | |
| Western | |
| Crime/ Mysteries | |
| Thrillers | |

Office Use Only

Date of Interview: _____ Membership Number: _____

Delivery Round Group: _____